LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

Kimberly A. Foster
Executive Director

UNAPPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **November 19, 2007**, in room 739 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)
Carol O. Biondi
Ann Franzen
Susan F. Friedman
Helen A. Kleinberg
Dr. La-Doris McClaney
Rev. Cecil L. Murray
Tina Pedersen
Stacey Savelle
Adelina Sorkin
Trula J. Worthy-Clayton

COMMISSIONERS ABSENT (Excused/Unexcused)
Patricia Curry
Sandra Rudnick
Dr. Harriette F. Williams

APPROVAL OF AGENDA
The agenda for the November 19, 2007, meeting was unanimously approved.

APPROVAL OF MINUTES
- The minutes of the September 17, 2007, general meeting were unanimously approved as amended.
- The minutes of the October 1, 2007, general meeting were unanimously approved.
- The minutes of the October 15, 2007, general meeting were unanimously approved.

- The minutes of the November 5, 2007, special retreat meeting were unanimously approved.

CHAIR'S REPORT

- Chair Sorkin introduced new Commissioner Tina Pedersen, a licensed clinical social worker who has worked in child abuse prevention for the past 15 years. Commissioner Pedersen began her career in the Department of Children and Family Services at the start of the family preservation program, and has also worked directly with foster parents and children and organized support groups through Parents Anonymous. She now consults with the South Los Angeles Regional Center, overseeing project grants that promote health and wellness for children with special needs. She looks forward to working with the Commission to achieve its goals.

- Chair Sorkin asked Commissioners to review a recently distributed Chief Executive Office memo regarding procedures for developing legislative policy and positions, and the advocacy of county interests.

- The mandatory cultural diversity and sexual harassment training announced at the Commission retreat has been tentatively scheduled for March 3, 2008 (a regular Commission meeting date), from 9:00 a.m. to 1:00 p.m. All Commissioners are required to be there for the full four hours, or will need to attend a training held for another county commission.

- At the November 5 retreat, Vice Chairs Savelle and Worthy-Clayton facilitated the identification of topics on which the Commission might concentrate during the next year. Commissioners will receive a list of all the issues identified for possible focus, as well as some questions about the top five—child fatalities, departmental collaboration, mentoring, relative caregivers, and prevention. Commissioners are asked to look for and respond to this document, and a follow-up presentation will appear on a meeting agenda soon.

- Commissioner Biondi has graciously offered to arrange the Commission's holiday luncheon after the meeting on December 17, at the new location of the Homegirl Café.

- Vice Chair Franzen asked for feedback on the draft of the faith-based committee's 'faith community collaboration survey' previously distributed to Commissioners, and thanked former Commission assistant Matt Hartigan and intern Leora Katz for their help on the form.

  The survey assesses the level of faith-based community engagement in DCFS and Probation offices, and will be sent to a list of DCFS regional administrators provided by Harvey Kawasaki, and to a list of Probation Department managers provided by Probation liaison Andrea Gordon, with a submission deadline of December 12, 2007. Commissioners made the following suggestions for the form:

- ✓ Enhance the introductory language to give more information on the reasons for the survey and how responses will be used.
- ✓ Add a statement conveying that survey results will be shared with the Board of Supervisors on a given date, to spur the return of the completed forms.
- ✓ Review the distribution lists to make sure that the directors of locked probation facilities are included.
- ✓ Rather than sending the survey to individual managers, send it to department heads, holding them responsible for disseminating it to the proper people.
- ✓ Send the survey via e-mail and also through regular mail.
- ✓ The form is very DCFS-focused; add specific references to the types of faith-based partnerships the Probation Department uses (those that offer religious services in the camps and juvenile halls, for example).
- ✓ Add an option to question 6 about clients receiving direct services from faith-based organizations.
- ✓ Add a field for the respondent's office location, not just his or her department.
- ✓ Add an identifying block to the second page, so that faxed submissions remain together.

Commissioner Kleinberg moved that the faith community collaboration survey be adopted as amended by the above discussion. Commissioner Biondi seconded the motion, and it was unanimously approved. Vice Chairs Savelle and Worthy-Clayton, along with Commissioner Biondi, will revise the form to capture the conversation, especially with regard to including appropriate questions for Probation.

The committee plans a second survey in January of the faith-based community itself, and Commissioner Kleinberg suggested that the kinds of services provided to probation youth be included in that as well.

Commissioner Biondi would like to take up at another time the issue of attendance at religious services being used as a disciplinary measure in camps, halls, and group homes, where misbehavior often means that youth are not allowed to go to church.

DIRECTOR'S REPORT

- DCFS director Trish Ploehn thanked everyone who attended the November 9 opening of the San Fernando Valley (Chatsworth) office. The department is looking at a five- to seven-year time frame at that location, with the hope of ultimately building an East San Fernando Valley community center in Van Nuys that would house community partners and other co-located staff as well.

Commissioner Kleinberg expressed general concerns about the locations of DCFS offices, which often seem far from the communities where they are most needed. The Chief Executive Office's space division makes final decisions on locations, Ms. Ploehn said, mostly based on what can be financially afforded. The CEO is aware of the department's community-based efforts within the service planning areas, and is working with DCFS staff to develop a five-year plan, but leases are up on buildings nearly every year. Chair Kleinberg suggested a further discussion on how big facilities need to be and how they could be combined with other offices; she would like the CEO's office to help the Commission understand how this might be done.

- Nearly 200 children were adopted on Adoption Saturday this past weekend, including several sibling sets being adopted by relatives. A very positive article about the event appeared in yesterday's *Los Angeles Times*.

- Union negotiations reached an impasse a week ago Thursday over DCFS's inability to reduce caseloads, a financial impossibility at the present time. The following day, the union returned to the table, and negotiations resumed all day Saturday. A tentative agreement was reached to develop a labor/management work group to examine an updated recruitment and retention plan called 'Grow Your Own,' which will recruit from staff within DCFS and other county departments who have bachelor's or master's degrees and are interested in becoming social workers. Ms. Ploehn has instructed DCFS's human resources division to concentrate on hiring MSWs at the CSW II level, rather than continuing the focus on hiring trainees. (No differential caseload exists for bilingual social workers.)

  Negotiators also agreed to reconvene the interspace facilitation group to focus on workload reduction. DCFS cannot hire additional social workers, but Ms. Ploehn said it can do a better job of managing cases, reducing the number of children in care, and shifting appropriate tasks to other staff. She promised further updates as time goes on.

- The two prongs of the county's prevention initiative—a one-year demonstration project spearheaded by DCFS, and a six-year project headed by the Chief Executive Office—will go before the Board of Supervisors for approval within the next few weeks, assuming concurrence when it is presented to the Interagency Operations Group tomorrow. The entities involved have been meeting regularly since September to shape a joint plan that will ensure that the best practices identified by the DCFS project are continued by the CEO's initiative following the one-year demonstration. (The DCFS effort will still use a lead-agency model, based in the service planning areas, while the CEO's effort concentrates on four high-need communities.) Ms. Ploehn will arrange for a Commission presentation once the plan has been finalized.

- As Commissioners recall, Ms. Ploehn requested an audit of departmental procurement procedures in January, and the first phase, examining the centralized procurement function, was completed in July. The majority of the 51 recommendations made by

the Auditor-Controller's office have already been initiated, and staff will present those recommendations at the next Commission meeting.

The audit's second phase dealt with procurement practices in individual offices and divisions, and uncovered discrepancies that were reported extensively in the media. The Auditor-Controller's investigation phase determined that some staff behavior warranted criminal prosecution, and disciplinary action is underway. Although analysis continues, Ms. Ploehn believes that the amounts of money involved were not large, and that most discrepancies have been corrected. Outstanding gift cards, which are used to supply food and clothing to client families, have been collected; they are now centrally tracked, and additional documentation and signatures are required to prove appropriate use. Commissioner Biondi suggested random audits of gift-card recipients to see if the amounts provided are sufficient; she knows of one independent living program allocation that was dropped by $25 without any reason being given.

Because of the media spotlight on this problem, Vice Chair Worthy-Clayton recommended some kind of campaign to make DCFS benefactors—faith-based organizations and others who publicly support the department and its families, especially financially—aware of the steps being taken to resolve it, particularly in light of the approaching holiday season. Ms. Ploehn agreed, saying that a release is being prepared, and that Casey Family Programs is interviewing public relations firms to help with strategic communications for the department as a whole. An agency should be identified within two weeks.

CHILDHOOD OBESITY AND FOSTER CARE: Dr. Michael Weinraub

California is home to more obese children and spends more resources on the consequences of their condition than any other state, according to Governor Schwarzenegger. The serious health problems caused by inactivity and unhealthful eating will saddle the state's economy with long-term preventable costs, and collective action is needed to make California's children healthier. Dr. Michael Weinraub's presentation on childhood obesity and foster care, made at the recent New Beginnings conference, points up those costs for children in the dependency and delinquency systems alike.

A pediatrician who opened his first practice at Crenshaw and Imperial in the 1980s, Dr. Weinraub has worked with school districts, Regional Centers, Native American clinics, and in managed care, and has personally seen more than 5,000 foster children over his career. Six years ago, he was hired by the Department of Mental Health to consult at the children's court, and over 500 court-ordered referrals have passed through his examining room. He developed his New Beginnings session with Daina Dreimane of Childrens Hospital Los Angeles and Jorge Fuentes, a pediatrician at the LAC+USC medical hub.

In the general population from 1971 to 2000, the prevalence of obesity in youth ages 12 to 19 increased to 17 percent, with 'superobesity' the most rapidly growing group. The causes for this are many—more junk food, the consumption of soft drinks rather than milk, a lack of physical education programs in schools, and more hours spent in televi-

sion viewing. A health condition called 'metabolic syndrome,' prevalent in foster children, has several components:

- Overweight or family history of obesity
- Family history of diabetes or other metabolic disorders
- Hypertension
- Acanthosis nigracans (a darkening and thickening of certain skin)
- Insulin resistance

Damaged livers, type 2 diabetes, and obstructive sleep apnea that can lead to sudden death may also occur in obese young people, and the psychotropic medications often given to youth in care only exacerbate their problems. Seizures, heart conditions, anemia, and developmental changes can occur in youngsters receiving medication, especially those who are overweight, and more monitoring is necessary at the court level. Diabetes presents additional challenges, since by the time they are diagnosed, many young people already have damage to blood vessels, eyes, kidneys, and nerves.

Six years ago, Dr. Weinraub said, foster children's weight was not even being discussed, but it now appears on the medical form submitted to the court. Referrals are still needed for young people to get treatment, though, and the issue often worsens when they are transferred from placement to placement, sometimes gaining as much as 60 to 80 pounds in a single year. Although the court's general coordination of health care is improving, with difficult cases being managed by social workers and public health nurses, cases can be complex, involving emotional and physical conditions that can cause severe behavioral problems. Undiagnosed neurological issues may also mean that youngsters are inappropriately medicated for conduct disorders, and some genetic conditions can cause a failure to thrive in infants, triggering their removal from their parents.

Obesity in foster children should be considered a mental health issue, Dr. Weinraub said. Being big is generally acceptable within the foster care system; when young people are treated poorly, bulking up can contribute to their safety, helping them literally 'throw their weight around.' Exercise programs and healthful food options can help, but many youngsters in placement are sedentary, and behavioral consequences often include a denial of their participation in sports or other physical activities. Both DCFS and probation group homes are required to provide modified diets for children who need them; however, doctors must still write those prescriptions. Even then, the mandatory posted menus can bear little resemblance to reality. (At Camp Gonzalez, Commissioner Biondi reported, probation youth analyzed what was served to them over a period of two weeks and found it was mostly potatoes.) Inexpensive, practical ideas for helping children increase their physical activity are needed, like giving each foster child an odometer, as Commissioner Friedman suggested, to make sure they do their 10,000 steps a day. The further education and training of caregivers and facility staff, particularly with regard to healthful eating and to working with children without medicating them, is clearly a must. After hearing Dr. Weinraub's conference presentation, Judge Michael Nash has pledged a work group on the obesity issue, and Commissioners will be welcome to participate.

Dr. Weinraub summarized his presentation in six 'clinical pearls' having to do with the mind and obesity.

- **Mental health**—Although a causal link between excessive weight and pre-existing psychological problems has not been consistently shown, depression, low self-esteem, anxiety, and eating disorders are common in overweight children, often to the point of a psychiatric diagnosis. Overweight children of both sexes from age 9 through 16 have high rates of oppositional defiant disorder, while depressive disorder is more common in boys. Women who are overweight in late adolescence—independent of aptitude and socio-economic status—have fewer years of schooling, are less likely to be gainfully employed, have lower incomes when they are employed, and are less likely to be in a relationship or married. Men who are overweight in late adolescence are less likely to be married. In contrast, men and women with asthma, diabetes and even cerebral palsy demonstrate no such social or economic differences.

- **The prenatal and young-child experience**—Babies who are small for their gestational age or who have low birth weights (less than five and a half pounds) because of prematurity have an increased risk of obesity and metabolic syndrome as adults. Small babies may be undernourished in the uterus, developing an insulin resistance so as to preserve nutrients to the brain. In low-birth-weight babies, that same insulin resistance develops after birth to protect against hypoglycemia. On the other hand, babies who are large for their gestational age may have been overnourished in the womb (high glucose levels in diabetic mothers can trigger hyperinsulinism) and are at increased risk of obesity in adulthood. As children grow older, the window between one and three years of age is a critical time for developing learned feeding behaviors, when preferences, satisfaction, and social interactions around food are established. It is also the time when excessive weight most often increases.

- **Psychotropic medications and weight gain**—Weight gain for patients on psychotropic medications (antidepressants, antiepileptics, antipsychotics, and the like) should be monitored by pediatricians or psychiatrists. Antipsychotic use is growing for other disorders, particularly in the pediatric population, and professional guidelines require various tests and screenings along with a reassessment of weight at regular intervals and switching medications at a 5 percent gain. Children and adolescents cross into the 'at-risk' category when their Body Mass Index (BMI) is above the 85th percentile and they have another obesity-related complication (hypertension, insulin resistance, or a sleep disorder, for example). They cross into the 'obesity' category at the 95th BMI percentile or when their waist circumference is above the 90th percentile.

- **Polycystic ovarian syndrome (PCOS)**—This condition occurs in between 6 and 7 percent of reproductive-age women, who are not able to ovulate, have no menstrual periods, grow excessive body hair, develop an insulin resistance, and produce an overabundance of insulin. Obesity worsens PCOS, and psychotropic and other medications can also exacerbate it. Various treatments exist that may reduce insulin resistance, regulate menstruation, and perhaps reduce aggressive behavior.

- **Mental health treatment of obesity**—Studies suggest that while weight-loss medication can yield a 5 percent weight loss in the first six months of treatment, behavioral treatment alone produces a weight loss of 8 to 10 percent. Based on classical conditioning, behavioral treatment helps identify the cues that trigger inappropriate eating, helps the patient learn new responses to those cues, and reinforces the adoption of positive behavior. Cognitive therapy, based on the assumption that thoughts directly affect feelings and actions, helps set realistic goals for weight and behavior changes, realistically evaluates the patient's progress in modifying eating and activity habits, and corrects negative thoughts when goals are not met. Patients are encouraged to self-monitor through food and activity logs, and to set clear, small, easily measured steps based on behavior rather than weight—planning to walk after dinner three days a week, rather than just 'exercise more.' Identifying the behavioral chains that lead to overeating—snacking while watching television, for instance, or skipping meals and then overindulging through hunger—can help modify activities (limiting eating to a different location or consistently eating a healthy breakfast).

- **Resource and referral guide**—A directory of resources for overweight children by service planning area should include clinics, medical specialists, and weight-loss and exercise programs. Other resources to be developed are a 'washout' facility for children on psychotropic medications, a demonstration home for morbidly obese foster youth, psychiatric second opinions for psychotropic medications, a specialized WRAP team for obese youth on psychotropic medications, encouragement for hub and community-based physicians to prescribe diet and exercise plans, and close medical monitoring of children with metabolic syndrome, insulin resistance, and PCOS. Other wellness resources could include neighborhood clubhouses for foster children with donated exercise equipment, mentors as coaches, socialization activities, and computers and tutors. A 'walk for points' program could also be established where foster children could be bused from the children's court to experience nature trails.

Chair Sorkin thanked Dr. Weinraub for his presentation, saying that the foster care system removes children from their homes because they are being abused, and it should help make the child whole again, not cause more abuse and medical neglect by ignoring their weight problems. Commissioner Kleinberg suggested that DCFS think about advocating for programs to treat obesity that might be funded through the Mental Health Services Act prevention and early intervention component.

Vice Chair Worthy-Clayton moved that the Commission assign a point person to develop a small ad hoc subcommittee to continue to examine and consider recommendations on the issue of obesity in foster and probation children. Vice Chair Savelle seconded the motion, and it was unanimously approved. Commissioner Pederson will serve as the point person, participating on Judge Nash's work group and convening the subcommittee on which Chair Sorkin and Vice Chair Worthy-Clayton volunteered to serve.

PUBLIC COMMENT
There was no public comment.

MEETING ADJOURNED